

# QUARTERLY



The College of New Rochelle Alumnae/i Magazine

Spring 2001 | Volume 73 | No. 1

## Where's the Care in Health Care?

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your current job?

Considering changing careers?

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memory to [Lcarpinelli@cnr.edu](mailto:Lcarpinelli@cnr.edu) or mail it to  
Lenore Carpinelli at CNR by September 1,  
and we'll consider it for inclusion in the  
Winter'02 issue of *Quarterly*.

mailbox

### Thanks for Thinking of Us

Just an email to thank you for *Quarterly*. The cover of the periodical is beautiful and the content superb. Irene [Villaverde], I must say, you have a knack for writing. I have read our article **[All in the Family: CNR's That Is]** four times, and each time I have read it, it brings tears to my eyes.

It is funny that as Del and I are going through this process, we do not feel any different or really notice our accomplishments. It is not until it is written down on paper that we actually realize them.

We would like to thank you and our CNR family for thinking of us. CNR will always remain a special place in our hearts, and no matter where our academic accomplishments take us, we always tell people that we are proud graduates of CNR.

Beatrice Baptista SNR'97  
& Delphine Allen SNR'97

### An Excellent Issue

I wanted to convey my appreciation for the latest *Quarterly*. I thought it was excellent – not just because the Mattoon family was in it – but also because it was timely, well-written, and extremely attractive... an all-around handsome magazine that made me very proud.

Now that some of my kids are in college, we get similar publications and I believe our *Quarterly* always shines the brightest. Thanks a million.

Donna Bowler Mattoon SAS'76

### Correction

Peggy Mylod Farabaugh '62 was inadvertently omitted from the piece on the Mylod Family which appeared in "All in the Family: CNR's That Is" (Winter '01). We regret the error.

The Class of 1940 Class Notes column (Winter '01) mistakenly reported that Elizabeth McMahon received the *Ursula Laurus* Citation and Rosemary Reen Martel received the Angela Merici Medal at Alumnae/i College. In fact, Elizabeth McMahon was the recipient of the Angela Merici Medal, while Rosemary Reen Martel received the *Ursula Laurus* Citation.



# QUARTERLY

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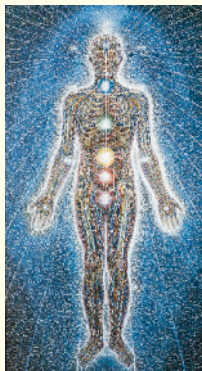
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“WHEN YOU  
REALLY CAN  
HELP SOMEONE,  
THAT’S A GREAT  
FEELING THAT  
MAKES IT ALL  
WORTHWHILE.”

—VIRGINIA CRUZ  
SAS’88

~

by DAVID EARL JACKSON



# Where's the Care in Health Care?

HEALTH CARE IN THE UNITED STATES IS NOW  
A MULTI-BILLION DOLLAR INDUSTRY. BUT WITH  
DECISIONS REGARDING A PERSON'S HEALTH

INCREASINGLY BEING DICTATED BY HMOs RATHER THAN DOCTORS AND THE  
ELDERLY BEING FORCED TO CHOOSE BETWEEN THEIR HIGH COST PRESCRIP-  
TIONS AND THEIR GROCERIES, THERE SEEMS MORE AND MORE REASON TO  
QUESTION: JUST WHERE IS THE CARE IN HEALTH CARE? SO, WHAT'S THE  
ANSWER? WITH THE HEALTH CARE PROFESSIONALS, AS THE FIVE ALUMNAE/I  
PROFILED ON THE FOLLOWING PAGES CLEARLY DEMONSTRATE...

## JEANNE WHELAN DEMARZO SN'83 & '91

*Administrative Supervisor, Neonatal Intensive Care Unit,  
Montefiore Medical Center, Bronx, New York*

"I like working with people," says Jeanne Whelan DeMarzo in explaining why she became a health care professional. "I have good people skills. I was the oldest of six children, and when I was 11, my mother gave birth to twins. Since I was the oldest, I helped her with them and became interested in working with children from that experience. I've liked working with children for a long time really. I was even a lifeguard at kids camp when I was a teenager."

Today, Jeanne, who graduated from the School of Nursing with a B.S. in 1983 and an M.S. in 1991, is in charge of two large units at Montefiore Medical Center in the Bronx, including a 28-bed, state-of-the-art Neonatal Intensive Care Unit (NICU), and a 24-hour neonatal transport service for newborns requiring transfer to the NICU or Montefiore's Pediatric Critical Care Unit. She also supervises a labor and delivery unit that delivers 5,000 babies annually.

"There are few comparable thrills," she says, "to the adrenalin rush you get when you're working to save a baby's life. It is the most moving feeling associated with what I do. I work closely with parents, often helping them make life and death decisions. When everything turns out well, that's the best. But there are times when death can be peaceful, too."

Jeanne is enthusiastic and optimistic about technological innovations that have greatly increased the survival rate of smaller babies. She also gains enormous satisfaction from her work in educating parents, as she helps them to plan and implement a development care program for after their baby is discharged.

When asked to describe the most frustrating part of her job, Jeanne responds, "I wouldn't say it's frustrating, but certainly the most challenging and stressful part of the job occurs, when I have to take in a lot of input from various sources, the patient's chart, parents, and colleagues, create a plan and process, and be ready to make modifications and adjust rapidly. I do this a lot. You have to act quickly, have to be dynamic, proactive, while demonstrating an 'I can attitude.'" 🌸





## VIRGINIA CRUZ SAS'88

*Emergency Medical Technician, MetroCare Ambulance,  
Mount Vernon, New York*

"We responded to a call for a man who had suffered a heart attack, and I worked on him," says Virginia Cruz. "Later when we went back to the hospital in response to another call, he was sitting up in the trauma unit and waved at me. The doctors told me I had saved his life. When you really can help someone, that's a great feeling that makes it all worthwhile."

Virginia, who hopes to become a paramedic someday, was inspired to become a health care professional by watching the television series "Marcus Welby, M.D." and "Emergency," the landmark program that did a lot to change the course of Emergency Medical Response in this country. "This was back in the '70s when I was a kid. I always wanted to help people," she says.

Prior to becoming an emergency medical technician, Virginia spent four years doing clinical research in epilepsy at the Bronx VA Hospital. Now, she finds being a part of an ambulance medical response team to be very rewarding.

"An average day for me," she says, "is one to seven calls per day. A one-call day involves a long distance transport. We've taken people home to as far away as Rochester, New York, Cape Cod, Massachusetts. We transported a veteran suffering from a spinal cord injury to Valley Forge, Pennsylvania. This was his first trip home since the injury. I was happy that we could do this for him."

Many of the calls Virginia and her team respond to are for patients in nursing homes, motor vehicle collisions, mothers in labor, or cardiac arrest victims. The times where she has been able to directly save someone's life have

constituted the high points of her career.

"I delivered a baby with the umbilical cord wrapped around its neck," she recalls. "It wasn't breathing and had turned blue. I was able to get the baby to breathe, and when we arrived at North Central Hospital, the doctors told me that I had saved the child's life. I was deeply gratified."

On the opposite side of the spectrum, the most disheartening aspect of her job comes when, Virginia says, "We respond to a call, and the patient has a 'DNR (Do Not Resuscitate) Order.' These are usually patients who live in a senior citizens community or nursing home. It's sad, because we can't do anything for them but try to make them as comfortable as possible. We've even been reprimanded by Emergency Room personnel for giving them oxygen. When they have a DNR Order, Emergency Room personnel sometimes will say, 'Put them over in the corner.' Sadly, most, of these cases die."

"It is my responsibility to take care of the sick and injured. Patients look up to and count on me. I want to save lives. It's a 'bad call' when there's a DNR Order, which depresses me. I can't always push my emotions aside, which we're told to do sometimes to keep from burning out."

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## Health News You Can Use

### What You Should Know About Women and Lung Cancer

While lung cancer in women was virtually unheard of 50 years ago, the disease, which is fatal for 86 percent of its victims within five years of diagnosis, is now the leading cause of cancer deaths among women. It will kill approximately 70,000 women this year — more than breast and ovarian cancer combined. Yet the disease is as preventable as it is deadly with nearly 90 percent of lung cancer cases being smoking-related.

Currently, almost one in four American women smoke, a number which has been virtually unchanged for well over a decade, and national surveys show that the number of teen girls who smoke — some 1.5 million — has drawn virtually equal with teen boys in the last decade. These are unfortunate statistics at a time when research shows that women are one and a half times more likely than men to develop lung cancer, even when they smoke fewer cigarettes over a shorter period of time.

So, given all we know about smoking, why do we? Many women fear that quitting will make them fat — a fear that studies do support. There are also other factors, unique to female smokers, that may hinder their attempts to stop. Research suggests that nicotine in cigarettes has a somewhat different physical effect on women, easing their stress and anxiety levels much more profoundly than it does for men. There may also be more of a social component to female smoking. Women tend to bond with friends and coworkers over cigarettes, clustering together outside office buildings, whereas men are more likely to smoke alone.

As researchers have begun to understand that there are gender differences in nicotine addiction, smoking cessation programs are being tailored to women. And while the nicotine-replacement therapies — patches, gums, nasal inhalers — that work for men aren't that effective for women, antidepressants, which also inhibit post-cessation weight gain, are proving far better for women. However, pharmacological intervention aside, experts say the determining factor in whether a woman successfully kicks cigarettes is her resolve to quit — or at least her acknowledgement that she shouldn't be smoking.

— Information for this article was compiled from *What You Don't Know About Women and Lung Cancer*, Good Housekeeping, November 2000.



**DR. BARBARA PAINO KEBER SAS'76**

*Family Practice Physician,  
Glen Cove & Oyster Bay, New York*

“Our employees have humorously said that our family practice provides care,” Barbara Paino Keber says, “from the womb to the tomb. It’s no joke though.

“I do everything from delivering babies, to providing routine physicals for young and older women, to pediatric services for children, to caring for the aged. My oldest patient is 103. The practice is very diverse, 25 percent of our patients are over age 65, many are on Medicare, with pediatric patients constituting the largest percentage, 40-45 percent, since children tend to get sick more often than most adults.

“I have four generations in one family that I serve,” she states proudly.

Barbara was just 12 years old when she first discovered the wonder of biological sciences and realized she wanted to be a doctor. “But the person who really inspired me to be what I am — a family practitioner — was Dr. James Humps, our family doctor and a very good friend of the family. His example is why I entered the health care field.”

Today, Barbara shares a practice with two other women doctors and ten full-time employees. They have a main office in Glen Cove, Long Island, and a satellite office in nearby Oyster Bay, Long Island.

Her workday begins at 7:30 a.m., with rounds at North Shore University Hospital at Glen Cove. “I may see a newborn and the mother, then see a child in Pediatrics. I’ll continue on to see someone in the Coronary Care Unit and might look in on a lady who has just had a foot amputated. It varies from day to day. Ending my rounds at 9:30 a.m., I head to the office where I check phone and e-mail messages, reply, consult with staff, then start seeing patients at 10 a.m.”

Although she has delivered many babies over the years, this is still one of the high points of the job for Barbara. “The birthing process still amazes me,” she says. “And there have been some deliveries that will forever stand out in my memory. One was a patient whose first delivery was by cesarean section but she wanted her second delivery to be a vaginal birth. She was very intent on that. When she went into labor, I worked with her, for many hours, and delivered the baby vaginally. It was a boy. I felt good about that. For his first birthday, she gave me a birthday card with his photograph on the front. The relationships you develop with newborns and their families is a joyful part of what I do.”

The flip side of joy is often pain, and occasionally Barbara finds herself heartbreakingly frustrated in her job. “The most frustrating thing for me,” she confides, “is having to take care of a patient who I know is going to die. That’s hard for me.” A devout Roman Catholic, she credits her deep faith with helping her to cope psychologically with this aspect of her work. “I’ve come to understand that all we can do as health care professionals is to assist, because ultimately it’s in the hands of a higher power. I know that there is a ‘time’ for a person to die, no matter what you do. I’ve come to accept that.”

Another frustration in her work stems from problems that can occur with HMOs. Case in point: “There was a 33-year old patient with breast cancer,” she explains, “who was insured under her husband’s coverage when she was diagnosed. Just as her problem became more acute, her husband’s company changed to a different HMO. The new insurer wouldn’t recognize the oncologist treating her because he wasn’t one of theirs. This oncologist continued to work with his patient, and finally the HMO reluctantly accepted him, but it took over a year-and-a-half for him to get paid. These kinds of stories are pretty commonplace in medicine today.”

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## AILEEN FERRICK SN'98

*Acute Care Nurse Practitioner, Arrhythmia Unit,  
Montefiore Medical Center, Bronx, New York*

Committed to providing excellent care for patients with heart problems, Aileen Ferrick sincerely believes that it will take a public outcry to reverse the intrusion of HMOs into sensitive medical decisions.

"Insurance companies and HMOs are dictating to us," she states emphatically. "They are telling us how to practice medicine, in terms of who they deem acceptable practitioners, what medication they will or will not pay for, what is conventional, and what is experimental treatment. Eventually we in the health care field will have to unite to challenge this encroachment."

A nurse for 25 years and a nurse practitioner for two, Aileen had two very good reasons for entering the field of nursing, following her mother's example as a nurse and the other, the reason she is so committed to cardiac care. "There is a very strong history of heart disease in my family. Both of my parents have had heart problems, and four aunts and uncles suffered cardiac deaths around or near 50 years of age."

For the past 12 years, Aileen has worked with arrhythmia patients exclusively. Arrhythmia is a potentially dangerous condition in which the normal electrical pathways of the heart are short-circuited. Approximately 2 million Americans are living with this problem, which can lead to heart disease, stroke, or sudden cardiac death.

And though she works with patients with cardiac problems in the out-patient area, Aileen focuses a lot of her attention on those with Implantable Cardioverter Defibrillators (ICDs). "The ICD," Aileen explains, "is usually implanted beneath the skin on either side of the front chest, and a special wire is placed inside the heart."

The device is implanted to prevent serious life-threatening heart rhythm episodes. This electronic device, which is similar to but different from a pacemaker, senses an

abnormal rhythm and either delivers an internal shock to the heart or rapidly paces the heart into a normal rhythm.

Yet, though the physical side of her job occupies a great deal of her time, she derives her greatest satisfaction from elevating the spirit of her patients through the support group she has formed for ICD patients. "I teach these patients how to cope, to live with the ICD, with the electro shocks it gives. Support is very important. I talk with patients about fears and apprehensions and emphasize the importance of maintaining a positive attitude."

Equally committed to seeing that future generations of nurses are well trained, she also lectures at The College of New Rochelle's School of Nursing, a task she views as a priority for many years to come.

"SUPPORT IS VERY  
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## Health News You Can Use

### The Surprising Truth about Women & Heart Disease

By far the leading cause of death for women, coronary heart disease kills more than five times as many women annually as breast cancer. In addition, with both low levels of estrogen and menopause major contributors to heart disease, women after menopause are more likely to have heart attacks than men. And, heart attacks are more likely to be deadly for women with 38 percent of women dying within one year after a heart attack, as opposed to 25 percent of men. Despite these alarming facts, a recent survey found that just 8 percent of American women believe that heart disease and stroke are the greatest health threat to women.

#### Know the Signs

Unlike just the classic warning signs of a heart attack men are more likely to experience such as chest pain, shortness of breath, pain in the arm, and tightness in the chest, women are more likely to experience the less common signals of nausea, fatigue, and dizziness.

#### Lower your Risk

Rather than wait till it's too late, there are several steps you can take to lower your risk for heart disease, including:

- Get a cholesterol screening and eat foods low in saturated fats & cholesterol
- Maintain a healthy weight and exercise regularly
- Reduce stress by avoiding triggers like rush-hour traffic or family conflict and set aside 15 to 20 minutes a day for quiet relaxation.
- Quit smoking

A wealth of information is available from the American Heart Association at 1-800-AHA-USA1 or [www.americanheart.org](http://www.americanheart.org).



## JOSE BLANDFORD SNR'94

*Addiction Program Administrator, Family Health & Support Center,  
Cumberland Diagnostic & Treatment Center, Brooklyn, New York*

**I** chose to work in the profession I'm in now because I recognized when I was a boy that alcohol and drug addiction had devastated the community I lived in," says Jose Blandford, a native of Panama, who came to the United States in 1972. "I found it sad that so many around me were trapped, seemingly with no way out of the mess they had gotten themselves into. I wanted to do something even way back then about this 'drug culture' problem."

With that goal in mind, after graduating from the School of New Resources, Jose went on to graduate school, earning a degree from Long Island University in 1997, and then became a certified Alcoholism/Substance Abuse Counselor, skilled in counseling and evaluation, stress management, and relapse prevention.

In his capacity as Addiction Program Administrator at the Family Health & Support Center of Cumberland Diagnostic & Treatment Center in Brooklyn's Bedford-Stuyvesant neighborhood, he provides alcoholism and substance abuse counseling and evaluation and a variety of support human services for his clients, who suffer from various forms of chemical dependency including cocaine, heroin, and alcohol.

The center also offers a vast array of other services — mental health, dental care, vision and hearing testing, a children's after school program, an exercise program with the YMCA, and more. "We're quite comprehensive here," says Jose.

"Many of our patients have issues that involve various agencies, such as the Criminal Justice System, Administration of Children Services (ACS), and various foster care agencies. Appropriate delivery of our services mandates that we coordinate our activities in conjunction with the service plans of these agencies."

This coordination brings up one of the downsides to his job — the lack of communication within the outside agencies he works with, which can cause confusion and lead to problems for his clients.

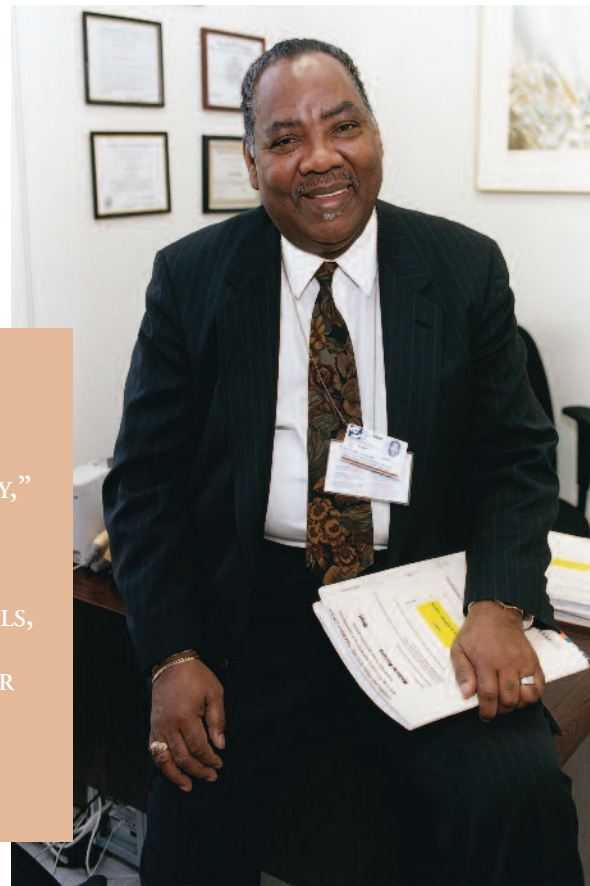
"For example," he points out, "back in November of last year, during an inter-agency conference, a woman I was working with whose children were in foster care was told by an ACS worker that they would be returned to her in December. But an ACS supervisor found some irregularities in the woman's paperwork and refused to honor the worker's promise to my client. This delay in getting her children back was heartbreaking for this woman. The worker and the supervisor should have communicated more effectively to eliminate this kind of callous misunderstanding. This happens more than it should."

One of the highlights of the job for Jose comes once a month during "Achievement Day," when clients are recognized for remaining substance free or having achieved certain goals, such as enrollment in a vocation program or obtaining and keeping a job.

"This gives me a sense that we've made some contribution toward helping someone rebuild his or her life," he says. "I feel the same way when I'm out walking the streets and someone will come up to me and say, 'Hi, Mr. Blandford. I'm still clean, working, or going to school.' That makes me feel good. I really like it, too, when we've worked with parents and helped them reunite their families. Especially when parents regain custody of their children."

Jose also sees people on the streets who have passed through the program at Cumberland who clearly have relapsed. "I always have my cards on me," he says, "and I try to encourage them to come back to see us and get back on the road to rehabilitation. I let them know that relapse is nothing to be ashamed of, but I also remind them that if they keep on doing what they're doing, there are only three choices: jail, some kind of institution, or death." ~

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OBTAINING AND KEEPING A JOB.



# WEIGHING CHOICES

## HEALTH CARE ETHICS FROM THE BEDSIDE TO NATIONAL POLICY

Suffering from terminal lung cancer, Sam, a 70-year-old man, was admitted to the Intensive Care Unit a month ago with pneumonia and is now on a ventilator. Several attempts to wean him off the machine have been unsuccessful. Awake and alert, he communicates through written notes that he wants the ventilator turned off. As his doctor, do you remove Sam from the ventilator and allow him to die? Do you keep him on the ventilator against his express wishes?

Julie, a 10-year-old girl, has been diagnosed with lupus, a generalized disease affecting the tissues of the body which can be fatal, though there are drugs which can extend her life. However,

the drugs cause unpleasant symptoms, and even with treatment, Julie may not live out a normal life. Julie's mother has stated emphatically that she does not want her daughter to know her true diagnosis and refuses to allow her to be treated with the drugs. She says that when her husband was diagnosed with cancer, he became very depressed and died despite chemotherapy treatment. She instead wants her daughter to be told that her illness is minor and that she will "outgrow" it. As her clinician, what should you tell the mother? How

much should a 10-year-old be told of her illness and participate in decisions about her treatment?

By  
Colleen  
Scanlon  
GS'84



**A**s we enter a new millennium, these are but a few of the troubling ethical questions that confront health care professionals, as well as society at large, and there are no easy answers. Over the last several decades, we have witnessed enormous changes and challenges in health care, as well as in political, social, economic, and legal arenas. These realities have precipitated new and complex ethical quandaries for health care professionals and society — dilemmas that were virtually inconceivable just 25 years ago.

While ethics is a word commonly used in a variety of professions — politics, business, law — as well as in health care, it means different things to different people — a system of moral principles, rules of conduct related to actions, and approaches to understanding and examining the moral life.

In the 1960s, the explosion of medical knowledge and technological advances in health care led to the recognition of bioethics as a distinct entity reserved for health care alone. The development of renal dialysis, expanded organ donation, increased use of psychotropic drugs, and artificial life-sustaining interventions provided a forceful impetus to this reality. Suddenly there were more possibilities and choices available to all involved. The simplicity of earlier times in which there was a scarcity of options and dismal prospects gave way to the expectation that disease was conquerable and death avoidable. And in doing so, it raised a myriad of ethical questions ranging from the specific interventions in patient care to how to allocate scarce resources, including organs.

Yet, ethical issues are much more than just a question for individual health care professionals. They impact individuals and society simultaneously — presenting challenges across a continuum — at the bedside, within organizations, and at the level of national health policy.

### **The Bedside**

The growth of attention to ethics within health care was in large measure precipitated by issues and questions that arose in the clinical setting, often in encounters with individual patients. Nurses, physicians, and other health care professionals began to routinely

confront situations that posed ethical dilemmas. As in the past, today, all clinicians are called upon to be actively involved with patients, families, and others in ethical discernment and decision-making. Time-honored struggles with questions such as truth telling, confidentiality, participa-

tion in research protocols, and the use of placebos have only been a precursor to new generations of ethical concern.

Yet there is no doubt that some of the most prevalent, and at times complex, ethical issues involve those at life's end. The expanding continuum of end-of-life choices including interventions to manage pain and other symptoms, do-not-resuscitate decisions, use of life-sustaining therapies, withholding or withdrawing medically provided nutrition and hydration, and euthanasia are ever present. And decisions around these issues have undergone significant changes in recent years, from provider paternalism to patient self-determinism.

Tragically, in the present  
health care system, assisted  
suicide is being championed  
as the only way to escape  
the degradation of dying.

The ethical and legal right of individuals or their designated surrogates to make health care decisions has become the cornerstone of health care.

Still more societal and professional controversy surrounds the issue of physician-assisted suicide. Recent trends in legislation, judicial decisions, research, state and federal policy, and public opinion polls have propelled the issue to a new level of importance. Tragically, in the present health care system, assisted suicide is being championed as the only way to escape the degradation of dying. The response should be directed at reversing the despair that can be associated with the last stages of life and fulfilling the commitment to provide dignified and humane end-of-life care.

These and other ethical questions have provided the impetus for the development of ethics education programs, ethics specialists, and interdisciplinary ethics committees within institutions. Throughout the later decades of the last century, there was increasing attention to the ethical dimensions of health care, a formalization of approaches to analyze and discern questions, and the development of varied strategies to address ethical concerns. In some cases the ethical questions that arose in the clinical setting led to organizational, state, and national health care policies.

### **The Organization**

Historically within health care organizations, the primary ethical questions and decisions dealt with these clinical concerns. Ethical issues that could not be satisfactorily addressed at the bedside were often forwarded to institutional ethics committees. In the early 1990's, the Joint Commission for Accreditation of Health Organizations issued standards, which included a requirement that institutions have a mechanism for the consideration of ethical issues arising in the care of patients. These original standards have been expanded to deal with the broader organizational issues including the financing, delivery, and management of health care services.

While clinical issues have dominated the ethical concerns of institutions, many others were emerging. These complex health institutions and systems not only include relationships with patients, families, and clinicians, but payers, accrediting bodies, business and local communities. The trends in health care have increasingly been driven by economic and business considerations. An ongoing challenge is to control escalating costs of

health care and be responsible stewards while protecting the primary commitment to provide quality health care services.

With the expansion of health care possibilities, the availability of resources and services can become threatened. The scarcity of advanced equipment, blood, organs, drugs, or specialized practitioners has created poignant questions. These give rise to concerns about how to justly distribute available resources. If there are two patients in need, how is it decided who receives the last ICU bed? Undoubtedly, some allocation issues occur at a national level, but many exist at the level of clinical care within organizations. Over time, the repetitiveness of certain issues has led to the development of institutional policies and practice guidelines.

The present reality of limited health care workers, particularly nurses, has become a predominant worry within health care organizations. An unprecedented and growing demand for nurses will shortly exceed the available supply. This growing shortage raises real concerns about how organizations will continue to provide safe and qualitative care and simultaneously protect the well-being and integrity of health care professionals. This shortage will demand the attention of many, including nurses, educators, organizational leadership, and policy-makers.

The tumultuous health care environment calls for commitment and clarity about what is sought, what's at stake, and the values to be preserved. Thus organizations themselves struggle with how to create

just, humane, fair, and fiscally responsible health care environments.

### **National Policy**

Health care ethics is not just the concern of individuals and organizations but is also a concern for the public at large and governmental entities. There has been increasing interest and activity within the public policy arena at the state and federal levels of government. These policy initiatives can provide another avenue to advance improvements and reform of the health care system. At times, this is the forum to express concern for the wider community, for society, and particularly for those who are most in need.

The context of ethical decision-making has changed dramatically in recent years. Decisions that were fre-

An ongoing challenge is to  
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quently private and made in the context of the patient-provider relationship have become more public and are influenced by external factors. Celebrated court cases, such as those involving end-of-life care, now provide guiding precepts. Federal and state legislative, regulatory, and administrative decisions can significantly influence bedside and organizational realities.

The issues surrounding the staggering advances in human genetics has garnered the attention of many. Undoubtedly this is an area that is ripe for national policies. Only a few months ago, the results of the first analysis of a full human genetic code were publicly released. While many of the implications associated with this new knowledge are potentially very positive, there is also a need for caution and consideration of the consequences. What about the privacy of genetic information, protection from discrimination of those who are genetically predisposed to a specific disease, and voluntariness of genetic screening and testing? These are all areas that trigger the need for comprehensive public policies.

Many have realized the pressing need to reform the nation's health care system to optimize its ability

to provide the wealth and sophistication of services already available. The growing desire to ensure access and affordability of health care for all is an ever-pressing opportunity and challenge for the political agenda.

Many health care organizations attempt to address profound social needs through charitable care and public assistance programs. These can only provide limited relief to care for the uninsured or underinsured. The present silence of national policy to address the seriousness of this problem has become ethically unacceptable.

Societal changes, priorities, and demands will continue to reshape and influence health care services, delivery, and financing. Health care professionals and organizations can provide a critical and valuable moral voice in public and governmental discourse and policy development for health care.

The maze of ethical questions and uncertainties associated with health care remains constant. Attention to the ethical dimensions of health care will need to be addressed at the bedside, within organizations, and through national public policy.

And, in an ever-changing health care system, the demand to be knowledgeable and discerning in the area of ethics will continue to grow.

Only a few months ago, the results of the first analysis of a full human genetic code were publicly released. While many of the implications associated with this new knowledge are potentially very positive, there is also a need for caution and consideration of the consequences.



**Colleen Scanlon**  
GS'84

As the senior vice president of advocacy at Catholic Health Initiatives in Denver, Colleen Scanlon, RN, JD, directs a comprehensive advocacy program within one of the largest Catholic health care systems in the country. Prior to her current role, Colleen was the director of the American Nurses Association Center for Ethics and Human Rights in Washington, DC. A clinical scholar at the Center for Clinical Bioethics at Georgetown University Medical Center, Colleen has been involved in the creation of nursing ethics groups, co-chaired a hospital ethics committee, precep-

tored graduate ethics students, initiated ethics education programs, and provided ethics consultations. A frequent lecturer, who has been published extensively in professional journals and books, she holds a BSN from Georgetown University, an MS in gerontology from CNR, and a JD from Pace University.

Also finding time in her busy schedule for a variety of professional organizations, Colleen serves on the boards of the American Society of Law, Medicine & Ethics and Catholic Health Services of Long Island and is a past board

DERIVED FROM THE INDO-EUROPEAN ROOT WORD “HAELEN,” WHICH MEANS “WHOLE,” AND THE BASIS FOR THE WORDS HEALTH, HOLY, AND HEALING, HOLISM IS BASED ON THE BELIEF THAT ALL THINGS AND EVENTS IN OUR UNIVERSE ARE INTERCONNECTED AND JUST DIFFERENT MANIFESTATIONS OF A DEEPER REALITY OR ONENESS. HEALING, IN FACT, MEANS CONNECTING TO THIS DEEPER WHOLENESS, THUS AWAKENING TO A FULL APPRECIATION OF THE MEANING OF ONE’S LIFE AND EXPERIENCES IN BOTH HEALTH AND ILLNESS. HEALING IS A JOURNEY INTO CONSCIOUSNESS OF ONE’S WHOLENESS.

BY DR. BARBARA JOYCE

# SEEKING A DEEPER ONENESS

## THE GROWING ROLE OF HOLISTIC HEALTH

Twenty short years ago, complementary or alternative therapies — such as acupuncture, Therapeutic Touch, and reflexology — were not only unheard of in mainstream medicine they were considered “fringe,” “occult,” and even dangerous. Today, holistic health is in the forefront of societal consciousness and on the marketing table of major health care systems and hospitals.

Two out of three Americans are reported to use complementary therapies, including acupuncture, herbal medicines, chiropractic treatments, and other modalities, according to a survey conducted by Stanford University School of Medicine and American Specialty Health. In 1998, Dr. David Eisenberg of Harvard Medical School, the first person to conduct a major study regarding consumers’ use of alternative therapies, reported that Americans were spending \$27 billion out of their personal pockets for these services, as most health care insurers were not yet covering these therapies. Today, many states are requiring that private insurers cover selected services such as chiropractic treatments or acupuncture, and according to a recent article in *Money* magazine, the percentage of employer-provided health plans which provide coverage for complementary therapies has risen from 30% in 1990 to 70% in 1997 — a clear indicator of an evolutionary leap during the past decade in the awareness and use of complementary and alternative modalities.

Increasing numbers of studies indicate the benefits of use of selected alternative therapies. One such study conducted at Beth Israel Deaconess Medical Center in Boston suggests that patients who used self-hypnotic relaxation techniques during

surgery needed less post-operative pain medication and were more physiologically stable during surgery.

As research to study the efficacy of some of these ancient holistic practices has grown, Western medicine trained physicians have become more receptive to the increased public demand for inclusion of these methods in their programs of care. As a result, a growing number of major hospitals in our country are developing ambulatory care centers for complementary and alternative modalities for their consumers. For example, this past year, Beth Israel Medical Center in New York City opened its Center for Health and Healing, where nurses, physicians, chiropractors, and other providers of complementary care offer services in homeopathy and the use of clinical imagery, among other modalities, to promote wellness and healing. This development at Beth Israel is the culmination of ten years of effort by nursing and medicine to integrate healing consciousness into the treatment of patients and families.

Other hospitals in the greater New York area have also developed holistic nursing and medical services, including selected offerings in recent years at Columbia Presbyterian Hospital in ambulatory and peri-operative care. Sound Shore Medical Center in New Rochelle offers holistic nursing services by referral or patient request. In fact, this work was initiated by consumer demand, and services include wellness counseling, Ericksonian hypnotherapy, relaxation therapies, guided imagery and meditation, Therapeutic Touch, reflexology, patient education and support groups.

Also in Westchester County, the Riverside Health System, which includes Yonkers General Hospital and St. John’s



Riverside Hospital, has a Department of Holistic Services, which provides services in imagery, Therapeutic Touch, reflexology, aromatherapy, and infant massage for hospitalized patients. Outpatient massage therapy is also available. Holistic nurses in this department provide patient and staff education in holistic care and offer lectures related to holistic health for the public.

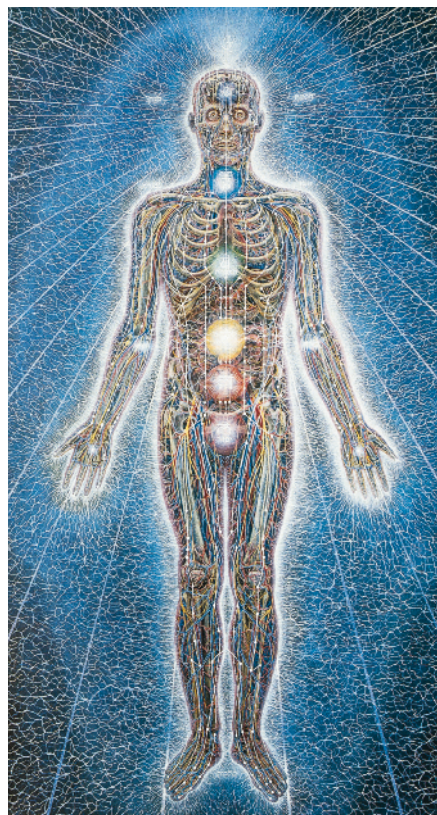
But does this boom in the development of healing and complementary care centers truly reflect a movement into holistic consciousness in our society? While this growth in awareness and acceptance of these ways of working toward health is a step in the direction of holism, it is albeit a small one. Our health care culture has taught us that “fix-it solutions” are available for the treatment of many illnesses, and so we seek these solutions through surgery, the use of medications, and now complementary therapies. But healing is a deeper work than curing and requires a shift in our consciousness about the meaning of illness and health in our lives. Holism requires a journey inside the self to discover our patterns of living and perceiving which profoundly influence the health of body, mind, and spirit.

The College of New Rochelle School of Nursing has been at the forefront of this journey since opening the first master’s degree program in Holistic Nursing in the country in 1992. From the time of Florence Nightingale, the profession of nursing has claimed its practice as holistic, and this philosophy has permeated much of undergraduate nursing curricula over many years. But this graduate program was the first to recognize the need for a growing consciousness for healing in our health care system and to support its development for nurses.

In recent years, other schools of nursing have followed suit including Beth-El College in Colorado, New York University, and most recently Tennessee State University in Nashville. In addition, several other colleges and universities are at various stages of development and often seek consultation from The College of New Rochelle as the pioneer in this effort.

Holistic nursing education at the graduate level of study is deep and profound work involving not only the

study of philosophy, theory, and science which support a consciousness of wholeness in all of life’s events, and not only the gaining of knowledge, skill, and technique in the practice of ancient healing modalities, but more importantly, the study of “the self” and the courage and willingness to change the self into living a healthier life based in a contemplative understanding of its meaning. Nurses work in mutual relationships with patients, and living a holistic con-



*Psychic Energy System from Sacred Mirrors series by Alex Grey 1980; [www.alexgrey.com](http://www.alexgrey.com); reprinted with permission*

sciousness is the best teacher for others. As practitioners, educators, and consultants, nurses serve as leaders in the holistic health movement in today’s health care system and will continue to serve the goals of empowerment of the consumer through education and care for the consumer through presence.

While economics seem to be driving the current steps in the evolution of holistic health, a healing consciousness must prevail. We have much work to do as providers and consumers to foster the awareness that healing is a product of nurturing the body, expressing feelings and personal truth, clearing the mind,

and living in accordance with one’s spirit. Complementary therapies and other “fix-it” solutions for illness, while wonderful, are simply not enough. As holistic health evolves into this new millennium, there is much learning yet to unfold. Holistic health requires that we become physically, emotionally, mentally, and spiritually healthy people. We must each be open to the steps necessary to create healthier patterns in our lives. Holistic health is as much about our global village as it is about our individual health status. The philosophy of holism suggests an isomorphism between us and our planet. All things are interconnected as different manifestations of a deeper oneness. As we heal, not just cure, ourselves, so we heal our planet. Holistic health is huge, and it has just begun to awaken.

*Dr. Barbara Joyce is the chairperson of the School of Nursing Graduate Program at The College of New Rochelle.*

#### ALTERNATIVE THERAPIES IN A NUTSHELL

**ACUPUNCTURE** – ancient Chinese technique in which fine, sterile needles are inserted into the body at certain points to treat a variety of conditions and promote healing.

**CHIROPRACTIC** – manipulation of spinal cord to enhance body alignment and promote wellness.

**IMAGERY** – use of imagination to create images which promote relaxation and healing.

**REFLEXOLOGY** – form of massage of the hands and feet to improve energy flow to specific body organs and promote relaxation.

**SELF-HYPNOSIS** – use of self-regulation techniques to promote relaxation and facilitate healing.

**THERAPEUTIC TOUCH** – the practitioner, through a meditative state, without physical contact, holds his/her hands a short distance away from the client’s body to facilitate a sense of well-being.

**ERICKSONIAN HYPNOTHERAPY** – focused use of principles of hypnosis in a cooperative relationship with a client to shift consciousness towards the promotion of healing.

# Healthy Campus 2010 Promotes Wellness

*Promoting the value of a healthy diet and "an apple a day"*



*Warning of the problems associated with overuse of common antibacterial agents*

*Educating on the dangers of being overstressed*

**M**ental Health, Injury and Violence Prevention, Breast Cancer Awareness, and Bike Safety were just some of the topics featured by School of Nursing students during Healthy Campus 2010 in April. Formerly called the Health Fair, the new event, sponsored by the School of Nursing and the Office of Health Services, was targeted at promoting healthy lifestyles and wellness to the CNR faculty, staff, and students.

## Health News You Can Use

### Can I Trust the Health Information on the Internet?

The Internet can help you find a doctor, learn about medical advances, improve your diet, or even show you a newborn grandchild for the first time. As a result, people are increasingly looking to the Internet as a way to find information they can use in making better health care decisions. However, while the advent of the Internet has put a plethora of reliable and up-to-date health information easily at hand, because virtually anyone can set up a web site, the information you find on the Web may just as easily be questionable, misleading, unproven, wrong, or even dangerous.

Therefore, we've put together this list of reliable health web sites recommended by the College's Director of Health Services, Marie Serina:

[www.jhu.edu](http://www.jhu.edu) — Johns Hopkins University site, featuring a very comprehensive medical database, which takes some time to get through but is well worth the effort.

[www.cdc.gov](http://www.cdc.gov) — Center for Disease Control site, providing excellent information on medicine, public health, prevention, and information for travelers.

[www.co.westchester.ny.us/health](http://www.co.westchester.ny.us/health) — Westchester County Department of Health site, offering good general information, health services, health alerts, and environmental health.

[www.nih.gov](http://www.nih.gov) — National Institutes of Health site, providing links for alternative/complementary health, general health resources, women's health issues, HIV/AIDS, medical policy, and more.

[www.cdcnpin.org](http://www.cdcnpin.org) — CDC's National Prevention Information Network, featuring information on communicable diseases, including HIV, STDs, and TB.

[www.4woman.gov](http://www.4woman.gov) — National Women's Health Information Center, a clearinghouse on women's health with 1000 links.

### How Common is Depression?

More than 5 percent of Americans — some 15 million people — suffer clinical depression at any given moment, with another 5 percent experiencing mild symptoms of being "down in the dumps." The average age at diagnosis of depression is slowly dropping, and though depression among the elderly remains common, depression in young people is on the rise.

Authorities estimate that depression costs the nation \$43 billion a year for medications, professional care, and lost school- and work-days. Each year, tens of thousands of depressed people attempt suicide, and 16,000 succeed. Suicide is now a leading cause of death among teens and young adults.

The myth is that people with depression cannot function. In fact, 72 percent of depressed individuals are in the workforce, some on medication, others simply carrying on despite their deep emotional pain.

Depression is often overlooked because of its complex and varied symptoms. Depression often manifests itself as headaches, back pain, irritable bowel syndrome, chronic fatigue, anxiety, sleep problems, and shortness of breath. As a general rule, if anyone you love seems unusually and persistently down in the dumps, lethargic, or hopeless, and alludes to life not being worth living, call a doctor.

— Information for this report was compiled from [www.depression.com](http://www.depression.com).





*As part of their training, nursing students at CNR bring education on health issues to members of the community ranging from pre-schoolers to senior citizens.*

## Moving Beyond the Nurses Station

While doing her community health clinical at the Bedford Hills Correctional Facility for Women, CNR nursing student Jennifer Lewis was particularly touched by a mentally handicapped inmate. Depressed and apathetic, Annie\* refused to take her daily medications. Determined, Jennifer coaxed, "If I mix it with a little apple sauce, will you take your pill?" She shrugged. "What if I feed it to you from a spoon?" Annie smiled and opened her mouth. Buoyed by her success, Jennifer shared the experience with the facility's attendants, hoping that the next day someone else would be inspired to take that extra step toward reaching another.

From nursery schools, to senior citizen centers, to intensive care units, CNR's nursing students are making a difference in the lives of others. Jennifer Lewis is but one shining example of the School of Nursing's dedication to teaching their students to give back to the community.

"Through the community health nursing component of the curriculum, we teach our students that nursing is not exclusive to a hospital environment," says Dr. Geraldine Valencia-Go, associate professor of nursing. "We urge them to look at their educations as being essential in community agencies and clinics as well."

Performing their pediatric rotations at the Susan E. Wagner Day School in the Bronx, CNR students teach pre-schoolers about hygiene, nutrition, and

fire safety, and the school's integrated classroom allows the students to work with special education children. Desrene Frederick, Wagner's site supervisor, has high praise for their ability to relate to and engage the children. "The success of this program is a two-way street," says Mrs. Frederick. "The nursing students always have fresh ideas to share with the teachers. Having them here is definitely a 'win-win' situation."

While working in the Pediatric AIDS Unit at St. Mary's Hospital for Children in Bayside, NY, Maria DeBellis did primary care in-home assessments, worked with the parents of afflicted children, some of whom were teenagers, and became fascinated with the disease process and how it impacts the entire community. "Working with AIDS-infected teens is like fighting a fire already out of control," says Maria, who plans to pursue a career in Pediatric AIDS research after graduation. "I believe that we need to prevent the sparks by exploring early childhood development and the role of parenting, which is underestimated even in the area of health care."

Initially inspired to pursue a nursing career by her grandparents' visiting nurse, Maria says that the sense of community and devotion to community service at CNR has had a great impact on her education. "There is a special intimacy between the professors and students at the College," she says. "Faculty see you as an individual, not an

admissions number, and that sets the tone for our careers."

Russell Hullstrung, director of enrollment, feels that one area in which the School of Nursing excels is in its placement of students in various community settings where they conduct health promotion activities for a wide range of populations.

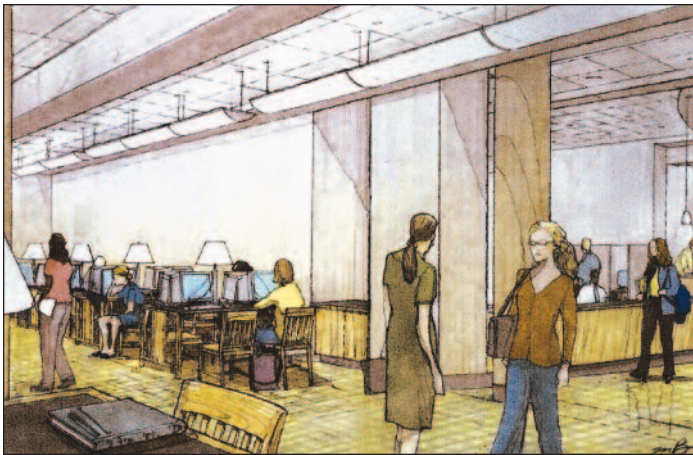
At the Hugh Doyle Senior Center in New Rochelle, NY, students play a key role in educating senior citizens on various health care issues such as proper nutrition and living with high blood pressure, taking the process from simple screenings to individual assessments. "It's an interesting dynamic," says Doyle's Director, Sr. Miriam Therese Peppin SNR'74. "Seniors are always interested in learning something new, and the students provide them with up-to-date information on health care trends and treatment."

Dedication to service and devotion to others in need is a given for those who choose the profession of nursing. As one student reflected, "Nursing is not a job, it's a life choice."

And as for Jennifer Lewis and Annie, they never did get a chance for a proper good-bye. Because of a winter blizzard, Jennifer wasn't able to spend her last day at the prison or to see if anyone else had gone that extra step for Annie. "Right now, I have to finish up with school," said Jennifer. "But you can be sure that someday soon I'll go back."

— Irene Villaverde

*\*Name has been changed.*



Reference Reading Room



Vaulted Reading Room

## NEW YORK LT. GOVERNOR MARY O'CONNOR DONOHUE '68 ANNOUNCES \$1 MILLION GRANT FOR GILL LIBRARY

**A**s the major renovations to Mother Irene Gill Library continue to progress smoothly, the library's technological infrastructure received a big boost with the recent announcement by Lieutenant Governor Mary O'Connor Donohue '68 of a \$1 million grant from New York State to The College of New Rochelle. The grant will further enhance Gill Library's range of technological services for the College's students and faculty and the community-at-large in the City of New Rochelle and Westchester County.

"Gill Library is a tremendous asset to The College of New Rochelle and the entire community. Its renovation and modernization, including investment in cutting-edge technology, will enhance the College's academic reputation and better prepare students and community members to meet the challenges they will face in the 21st century, said Lt. Governor Donohue.

When complete in the Fall of 2001, the newly renovated Gill Library will feature state-of-the-art technical services including broader networked computer capability, interactive bibliographic instruction, an expanded data network, and increased work stations for public access. Personal computers and laptops will be available to provide greater access to the Library's catalog and research databases.

In welcoming this announcement, CNR President Dr. Stephen J. Sweeny said, "We are very grateful for the leadership of Lt. Governor Mary O'Connor Donohue in promoting the partnership of New York State and learning communities such as The College of New Rochelle. In this instance, she appropriately recognizes and supports the effective use of technology in academic libraries as essential tools for developing our leaders of the future and for enriching the surrounding communities. This New York State grant underwrites technological advances, which will permit the discovery and use of information in collaborative, creative, and engaging ways. The College community and the Westchester community will benefit greatly from these additional digital tools."

Fishbowl



Bibliographic Instruction Room





# Bidding Farewell, But Not Goodbye

## *Sr. Dorothy Ann Kelly Steps Down as CNR Chancellor to Become Ursuline Prioress*

**S**ince the Ursuline Community of St. Teresa, led by Mother Irene Gill, OSU, founded The College of New Rochelle nearly 100 years ago, the histories of the Community and the College have been inextricably linked. That tradition will continue when Sr. Dorothy Ann Kelly becomes Prioress of the Ursuline Community of St. Teresa in New Rochelle in August, ending her official role as Chancellor of the College. Sr. Dorothy Ann succeeds Sr. Alice Gallin '42, who will continue in her role as the College's Scholar in Residence.

In his announcement to the College Community, Dr. Stephen J. Sweeny, CNR president, spoke of Sr. Dorothy Ann's commitment to service: "Sr. Dorothy Ann now adds another position of service to an already extensive and enviable life-long resume of service activities. Her generous Yes to this new responsibility is welcomed and appreciated by the Ursulines, of course, but the College, too, will benefit by Sr. Dorothy Ann's leadership in the Ursuline community.

"The Community of St. Teresa brought the College into being and has stood in partnership with us, in a variety of ways, for almost 100 years. This partnership remains very important to us. Sr. Dorothy Ann is uniquely suited to continue to foster this partnership for the good of both the College and the Community of St. Teresa.

"For me, for us, there is a power in the symmetry and appropriateness of this moment. This June, Sr. Dorothy Ann will celebrate with her College classmates their 50th anniversary of graduation. Within a year of that graduation, she was acting on her call to spend her life with the Ursulines. Now, she answers the call to the service of leadership of that community with whom she has walked for almost 50 years. The witness of such a generous spirit is quite powerful.



*Sr. Dorothy Ann Kelly at one of the many Commencements she attended with past Chair and now current member of the Board of Trustees, Mauro C. Romita*

"The College of New Rochelle congratulates Sr. Dorothy Ann and the Ursulines. In these months of transition, and then in the years ahead, we offer our prayers, good wishes, and assistance. We look forward to Sr. Dorothy Ann's continued relationship with the College, now in this new role of Prioress of the Community of St. Teresa. We also congratulate Sr. Alice for her service, and we look forward to her continued contributions to the College and American Catholic higher education as Scholar in Residence at the College."

## New York Lt. Governor Mary Donohue '68 Honored



New York Lt. Governor Mary O'Connor Donohue '68 was among seven political leaders inducted into the New York Commission on Independent Colleges and Universities' "Independent Sector Alumni Hall of Distinction" in April, as 60 New York college presidents and trustees, including Dr. Stephen J. Sweeny, looked on. During the awards ceremony, the inductees, all of whom were graduates of New York's private college and universities, were recognized for their contributions to advancing higher educational opportunities in New York.

## Celebrating Scholarship

CNR now has two Gates Millennium Scholarship winners in the Graduate School, Nicole President SAS'00 and Shirley Carriel-Ithier, both of whom were nominated by Dr. James Magee, Professor of Guidance and Counseling, GS. The Gates Millennium Scholars Program – created with a grant from the Bill and Melinda Gates Foundation – is aimed at reducing the financial barriers to a college education for 20,000 students.



*Sr. Jean Baptiste chats with members of the audience following the lecture.*

## Illuminating the Benefits of Single-Sex Education

**T**hough most in the audience that cold February night at The College of New Rochelle were quite familiar with the often reported benefits of single-sex education, you could feel the enthusiasm build even further as Sr. Jean Baptiste Nicholson, OSU, quietly outlined the advantages of an all-girls' learning environment.

"Boys are the squeaky wheel in the classroom," said Sr. Jean Baptiste. "They get the attention. I have taught coed classes and all-girls' classes and the difference is astounding. Even with the best will in the world, it is impossible to be evenhanded. If you do not pay attention to the boys, you don't teach anyone. Girls talk about boys hogging the computers, taking over the science labs and, at the younger years, humiliating

the girls who are trying to learn, who appear to be smart or are developing physically, either more quickly or more slowly than the norm."

Principal of the all-girls' Ursuline School in New Rochelle for the past 25 years and with more than 40 years experience in education, Sr. Jean Baptiste '60, chair of the College's Board of Trustees, was certainly immensely qualified to discuss that evening's topic, "Educating Girls for the 21st Century," presented as this year's St. Angela Merici Lecture sponsored by The Ursuline Institute.

"The success of the all-girls' environment is due to more than the absence of boys. It is based on giving girls the opportunity to do everything, to be everything, and to have female role



models in every position of leadership in the school, including the [principal] and the science, math, and technology teachers. There should be nothing 'girls can't do' or be or aspire to do or be, and that lesson needs to be carried forth beyond high school."

According to Sr. Jean Baptiste, statistics show that that message may be getting through, with 25 new all-girls' secondary schools opened in the United States since 1995 and existing girls' schools bursting at the seams. Of those schools, 71 percent are at or beyond enrollment capacity, and retention is better than 90 percent.

**I have taught coed classes and all-girls' classes and the difference is astounding. Even with the best will in the world, it is impossible to be evenhanded. If you do not pay attention to the boys, you don't teach anyone.**

As girls are choosing all-girls' schools at a younger age, they feel confident that the education they have received has prepared them for coed colleges. Surveys that Ursuline has conducted of their own seniors support this. "Unanimously, our girls have told us, 'We feel ready to take on the world. We have learned to speak up. We know what we know and don't care what boys think past that.'"

So, just how does Sr. Jean Baptiste accomplish this realization in her girls at Ursuline School? "The changes that will happen in the next 60 or 70 years will be far beyond the imagination of most of us.... Clearly, one does not prepare for the specifics, but one gives the tools to deal with any eventuality... Equally important, we must give the understanding of the necessity of the tools, and we need to give the opportunity to use those tools in everyday life in and out of the school."

Keys areas in that preparation according to Sr. Jean Baptiste are: spiritual, intellectual, personal, interpersonal, social consciousness, and financial.

"[Financial] never would have been a goal before, but at an educational conference I attended recently, I learned the importance of teaching the girls to save, to invest, to give. Women are living longer and outliving their resources."

To accomplish these goals at Ursuline, they offer a retreat program to allow time for reflection on values, every student has her own laptop computer, which she is trained to use, and almost every program in the school is geared towards personal growth. In many classes, students frequently work in groups and are graded on group effort, and in a required economics class, students learn

about money, saving, investing, how to make a budget, and how Wall Street works.

And finally, social consciousness permeates all activities and parts of the curriculum, with a plethora of community service opportunities available and one day each year when the entire senior class goes out to various agencies, mostly special schools or hospitals, to work. "Following that experience, many expressed that they would never have done that on their own, but they will in the future."

"No institution can do everything, and we [at Ursuline] can do what we do only with dedicated teachers and cooperative parents who support our goals," said Sr. Jean Baptiste in closing. "Together, we can send forth a generation ready to take on the 21st century, no matter what it holds."

"One of my nieces sent me a plaque that hangs in my office. It expresses my wish for all of us: 'Here's to good women. May we know them. May we be them. May we raise them.'"

— Lenore Carpinelli

## IN THE WORDS OF URSULINE'S GIRLS...

*In preparing for her speech, Sr. Jean Baptiste asked some of her students to spontaneously answer three questions: What do you feel you have learned in school that will prepare you for the future?, What advice would you give to the 6th grade?, What makes Ursuline special?, as well as anything they wished to add. Their responses, said Sr. Jean Baptiste, couldn't have been better if she'd written them herself. Here is a sampling:*

*What they have learned:*

- Knowledge is power.
- Work hard, never give up on a friend, be a leader not a follower, be sincere, don't be lazy.
- How to be an independent woman, beginning with self esteem in the 6th grade personal development class and extending through senior year where I have learned to invest money, mediate my peers, and conjugate an infamous number of Greek and Latin verbs.
- That I don't know everything.

*Advice to the 6th Grade:*

- Love Ursuline, work hard, build relationships – your teachers will be your friends and your friends will be your teachers.

*Anything you want to add:*

- Women need to make their presence known in this country. Despite our advances, we're barely represented in law-making bodies and need to change things like that in order to continue moving forward. Solid educations, especially ones geared toward women, help diminish the feeling that some jobs or careers are "off-limits."
- Women need to learn that they deserve respect no matter what they look like. They are worthy of it.

*What make Ursuline special?*

- Best thing that ever happened to me. I love to get up and go to school everyday. I never felt this way before. (And this from a sixth grader)



## Catholic Symposium Probes Women's Roles in Faith

More than 100 Catholic women gathered at The College of New Rochelle [in February] to debate their future role in the church. After listening to two guest speakers, they gathered in small groups and quietly and animatedly discussed ways to modernize the church while adhering to their core Christian beliefs.

"Women in the church – lay and religious – should be able to achieve policy-making roles at all levels of the church's hierarchy, in its worldwide charities, in its institutions of higher learning, in the formation of Catholic thought, in its media and public relations, in the administration of the church structures on various contents, frankly even in the election of the Pope," argued U.S. Representative Marcy Kaptur of Ohio.

"Women comprise the majority of those doing the work and professing the belief. Why shouldn't they be included?"

Kaptur was joined by Dr. Mary Ann Glendon, a law professor at Harvard University. Together, they were the guest speakers at the last of four symposiums on women in the church sponsored by The College of New Rochelle, Marymount College in Tarrytown, and The Catholic Common Ground Initiative.

"I believe our church has shown more leadership than any other institution, Glendon said. "Where is my vocation as a mother more respected – at the church or at Harvard University? That's a no-brainer. The moral role of the church has pulled us all forward."

Sister Catherine M. Patten, coordinator of the event for Catholic Common Ground, said she hoped the symposium would lead to more thought-provoking discussions among Catholic women.

"We hope the people who engaged in this are changed by this and are informed in a different way," she said.

"I want to continue the dialogue," said Sister Yolanda DeMola, a former professor at The College of New Rochelle, who lives at Mount St. Vincent in the Bronx.

"I'm tired of the church says this or that. I am the church. You are the church."

"It's really important to find some way to continue," said Florence Bell, a College of New Rochelle alumna who lives in Amityville, Long Island.

"It's been a real eye-opener to me. My experience leads me to be very radical. The church is a male-dominated, authoritarian institution. I hope it will become less autocratic and more inclusive in the way it shares power."



*Speakers U.S. Representative Marcy Kaptur of Ohio and Dr. Mary Ann Glendon, a law professor at Harvard University, pose with Margaret O'Brien Steinfelds, editor, Commonweal and moderator of the symposium and Dr. Stephen J. Sweeny, CNR president, prior to the start of the symposium.*

## Bridging Cultures Through Teaching Foreign Languages

As technology makes the world smaller every day and conflicts flare up across the globe, it is increasingly important for people to find bridges between cultures that will foster tolerance of different viewpoints. An often-overlooked tool to accomplish this – the teaching of foreign languages and cultures – was the subject of a colloquium sponsored by CNR in March. Eighteen language teachers from high schools and colleges across the tri-state area joined in the discussion on such subjects as the use of technology in foreign language activities and integrating language learning, cultural heritage, and the world of work.

"In order to truly grasp the essence of language, you must also understand the culture and the people," said Dr. Andre Beauzethier, assistant professor of modern foreign languages at CNR, who helped organize the colloquium. "Therein, lies the value of language teaching – as a tool to be used as a bridge to international understanding and peace. Our hope in hosting this colloquium is that it will help establish a dialogue among foreign language teachers at the high school and college level as well as professionals in the language teaching profession."



*Among the topics at the colloquium were a session on the French and French-Caribbean cultures with speakers Patricia Bernard, French major, CNR, Michelle DeLuca-Serpenti, Trinity Elementary School, New Rochelle, Christine Luneau, New School University, and Marie-Laure Spatz, University of Bordeaux.*

*Excerpted from an article which appeared in The Journal News by Caren Halbfinger, February 5, 2001*

# Making the Case for Women & Children

**W**hen women have money, the whole family benefits. When men have it, no one benefits,” said internationally recognized social anthropologist and educator Dr. Beverlee Bruce in an eye-opening lecture on “Human Rights and Forced Migration: The Case of Women & Children.” The 2001 Presidential Lecture of the Westchester Consortium for International Studies drew over 100 students, faculty, and consortium members from The College of New Rochelle, Manhattanville College, and Fordham University at Marymount to CNR in March to hear Dr. Bruce speak with deep conviction and eloquence on a topic and a cause that she has been involved with since 1975.

A Ph.D. from Harvard University in social anthropology, Dr. Bruce began her work in human rights and development over 25 years ago and has lived and traveled extensively in Africa and the Caribbean with the Peace Corps and the United Nations. When not doing field research, she has taught at Harvard, Howard, and Northeastern universities.

Recently having served as Chair of the Women’s Commission for Refugee Women and Children, she is currently a Program Director at the Social Science Research Council, managing the Council’s Mellon Minority Fellowship program. This project fosters interest among students at selected Historically Black Colleges and Universities to work in the field of migration and refugee services.

Dr. Bruce’s experience made her a particularly appropriate speaker for the Westchester Consortium, which aims to promote intercultural understanding in Westchester County.

“As a traditional Catholic women’s college,” explained Dr. Rose Marie Hurrell, Dean of the School of Arts & Sciences at CNR, in introducing Dr. Bruce, “we are committed to improving the lives of women and children



*Dr. Beverlee Bruce addresses the audience*

throughout the world. Dr. Bruce’s critical leadership role with the Women’s Commission puts her in the forefront of issues confronting millions of refugee women and children. We are honored by her presence on our campus.”

During her Consortium address, Dr. Bruce pointed out that today more than 34 million people are refugees and displaced people, victims of oppression, persecution, and war. Of these, an estimated 80% are women and children.

“Torn from their communities and families, refugee women and children are vulnerable to a range of dangers,” explained Dr. Bruce. “This is, of course, exacerbated by their gender or their age.”

It is not only ethnic and civil wars in such diverse places as the Balkans and Sierra Leone that draw Dr. Bruce’s interest and concerns, but also the spread of HIV/AIDS throughout Africa. AIDS is quickly diminishing generations of educated men and women, the intellectual infrastructure of the continent.

With the firm belief that the key to resolving issues as diverse as ethnic strife, poverty, and civil war is women, Dr. Bruce explained how when visiting refugee camps in Southern Sudan, the women first asked for schools for their children. “Education is the key. Women know this is the better way.”

So what’s the solution? According to Dr. Bruce, it’s to draw attention to the concerns of women and children by influencing the international organizations, governments, and voluntary agencies to the plights of refugee women and children.

## IN BRIEF

### EXPANDING ACCESS

The School of New Resources’ award-winning ACCESS Program at the John Cardinal O’Connor Campus in the South Bronx will be further enhanced thanks to a \$50,000 grant from The Altman Foundation. The ACCESS Program (Adult Career Counseling, Education and Support Services) is a key reason for SNR’s success at reaching its mission to provide access to education to underserved populations. The ACCESS Centers, launched five years ago as an offshoot of the original program, are designed to provide academic tutoring to adult learners to help prepare them for the School’s admissions process. To date, approximately 2,500 adults from low-income neighborhoods throughout New York City have benefitted from these centers.

### SNR CAMPUS DIRECTORS HONORED

Both Dr. Marguerite Coke, campus director, John Cardinal O’Connor Campus, and Dr. Elza Dinwiddie-Boyd, campus director, Rosa Parks Campus, were honored recently. Dr. Coke was recognized by Bronx Councilman Pedro G. Espada during African American History Month for her tireless work on issues affecting the African American community. Dr. Dinwiddie-Boyd (*pictured above left with Susan Taylor, Publication Director, Essence Magazine and Elaine Edmonds, Executive Director, Harlem YMCA*) was hailed at the Harlem YMCA 31st Annual National Salute to Black Achievers in Industry for professional excellence.



One small step to achieving that is speaking at educational forums such as the Westchester Consortium for International Studies. “Women’s voices need to be heard,” Dr. Bruce summed up, “especially those of women refugees. When their voices are heard, their rights, and all human rights are protected.”

— John Coyne





*I'm starting to get the hang of this thing.  
—Nicole Totans*



*We knew as we loaded up in the van this would be a trip to remember!*

# Giving Back, Getting Back

BY NICOLE TOTANS SAS'99

When Mary Naughton, Director of Campus Ministry, asked me if I would consider chaperoning this year's Alternative Plunge group to rural Kentucky, I told her I'd have to think about it, but deep inside I knew I couldn't say no. There was a reason, I was sure, why I was asked, and why I should be going to the Appalachian hills of Vanceburg, Kentucky.

At every site we visited, I learned more about how life in Kentucky can be — each time making me appreciate more the opportunities and privileges I have... But the site that really affected me was the nursing home. As I walked down the halls with my partner, we came across an old woman sitting in a wheelchair, just smiling at the world around her. When we stopped just to say 'hi' to her, her eyes lit up with joy. She smiled and laughed and told us about her son. Even though she had never seen or met us before, it was simply our presence that made her happy. It was then that I finally understood why I was there...

—Sophy Em SAS'04

Why I was going became immediately apparent to me when on a bright, sunny Saturday morning in March I stepped into the Campus Ministry Office and met the CNR women I would be accompanying on the Plunge — an alternative spring break in which students, instead of heading for warm southern beaches, volunteer their time to help those in need. Our group "clicked" instantaneously. We were, as so often happens at CNR, an immediate family, ready to support, care, encourage, and work together as a team. And in our week together in Kentucky, even strangers asked us how long we had been together.

The first leg of our journey to Appalachia took us

from New Rochelle to Wheeling Jesuit College in Wheeling, West Virginia. There, we all slept on the floor of a lecture room of one of the seminaries, and after early Sunday mass, drove another seven hours deep into the Appalachian hills of Vanceburg, Kentucky, to spend our week of service.

And what a culture shock it was for all of us. The Vanceburg hollers is an environment in ruin. The rivers and lakes are stagnant and contaminated; the icy water is as green as antifreeze. When we reached the Glenmary Missionaries' Farm, where we were to live and work, the town was infested with Asian Beetles (Lady Bugs), the tap water was riddled with E-coli bacteria and not suitable to drink, and we were not alone.

Students from the University of



After spending some time with these grace-filled people, God's work became evident. I heard of family love so strong that to be separated from their own for any length of time kept them in their ancestral homes even in the midst of extreme poverty.

I heard a strong woman named Fay thanking God for her present life, away from her husband and the constant abuse, grateful for each new day, who now counsels other abused women and helps establish them in new homes.

I met Velma, who has lived most of her life with her right leg paralyzed, passing her days in a nursing home, placed there by her adopted children against her will, but who was able to make me laugh as she shared her life's joys with me.

Then there was Donald, who was unable to walk without a cane because half of one foot was amputated from diabetes and who just radiated love. He was alone in the world, but he smiled, grateful for all God had given him in life....

—Helen Wolf, Campus Minister

Notre Dame and the University of Wisconsin at LaCrosse had also arrived for their spring break, 30 volunteers in all, and all 20 women shared one barracks. This meant we could only shower (briefly) once in the week we were in Kentucky.

Our ministry work ranged from services of presence to hard, physical labor. We visited the elderly in disheveled and unkempt nursing homes, worked with the mentally and physically challenged, and labored at construction sites building frames for homes, repairing abandoned and neglected houses and trailers, and cleaning out backyards and front lawns.

But what touched me most as chaplain was witnessing a simple incident

Although we all faced the same circumstances, it seems each of us came out of Kentucky with different perspectives on life and its true meaning. For me, the Plunge allowed me to grow stronger intellectually and emotionally. As I look back on those days, I realize that I received more than I gave.

On my way to Kentucky, I believed I would return from this volunteer experience untouched by the people around me. But during my week there, I developed strong ties with my CNR sisters and learned mind-shattering lessons from the natives.... I still find myself wondering what the people I met there are doing now. If I had the opportunity to go again, I would jump at it...

—Geisha Oslovorne SAS'04

that happened with CNR sophomore Mari Martinez. One day when Mari was visiting with one of the residents of a nursing home, the old woman admired Mari's sweater. Though it was her favorite sweater, without hesita-

tion, and with great love, Mari took off the sweater and smilingly placed it in the elderly woman's hands.

The week away was a rush of events and scenes and memories, and arriving home again at CNR, I realized that I had changed. I now have a better understanding of myself and a keener insight into the human spirit. I understand, too, how different the world and people are, and I realize how fortunate I am for all that I have. The Plunge is really that. A baptism into the waters of experiences. I am a better person for having been to Appalachia.

—Nicole Totans is assistant to the director of Alumnae/i Relations at CNR.

Top: They didn't call her Wild Woman (left) for no reason! She taught the guys in our group how to give a hillbilly kiss! —Mari Martinez (right).  
Bottom: Installing insulation was much more fun than we expected!

## What Makes a College Trustee?

Americans have long been known for their tradition of volunteerism and their spirit of philanthropy. Perhaps one of the ways this is most clearly evident is when it comes to serving colleges and universities, especially in the role of a trustee.

A college trustee is a uniquely American role. We have always understood that colleges and universities belong to the people and, while in many cases, they are supported by federal and state dollars, the women and men who govern institutions do so on behalf of the general public. These boards of trustees hold the institutions they serve in trust for the public that supports and depends on an effective, diverse, and competitive “system” of higher education.

While it is an honor to be a trustee of a college or university, it isn't an honorary job. The governing board is its institution's legal owner and final authority. The board holds the institution's financial, physical, and human assets and operations in trust for future generations. The board decides who should benefit from those assets, how, why, and when.

According to the Association of Governing Boards of Universities and Colleges, successful college boards have 12 primary responsibilities, including:

- setting mission and purposes;
- appointing, monitoring, and supporting the president;
- reviewing educational and public-service programs;
- ensuring adequate resources; and
- serving occasionally as a court of appeal.

To make these important decisions for a college, a board needs good, qualified people, ones with intelligence, judgment, and an eagerness to gain a

basic knowledge of higher education, but most importantly, they need individuals who are willing and able to raise money for their institution. According to J.L. Zwingle, president emeritus of the Association of Governing Boards of Universities and Colleges, “Those who accept board membership should place it in rank immediately after personal and occupational demands.”

The College of New Rochelle has been fortunate throughout its history to have wise and knowing individuals, women and men, who have served on the Board of Trustees, beginning with the chartering of the College of Saint Angela on June 27, 1904. Though the draft of the charter listed three women—all Ursulines—among the board members, the official list of the first Board of Trustees had ten members, all men. “A college for women was born when women could neither vote nor have their names on such a document of incorporation,” Dr. James T. Schleifer points out in his book on the history of the College, *The College of New Rochelle: An Extraordinary Story*.

Times have changed. Today, of the 22 board members of CNR, 12 are women and nine have graduated from CNR. It is important that some trustees are graduates, for as J.L. Zwingle has said, “The first duty of the trustee is to understand the purpose of the institution.” This understanding is what an alumna have most of all. CNR has also been successful because leaders of corporations and in a variety of professional fields have stepped forward and accepted the challenge to become trustees of The College of New Rochelle.



*There was a College of New Rochelle reunion of honorees at the American Red Cross Jerome H. Holland 2nd Annual Power of Humanity Celebration, held at the Rye Town Hilton in February, among (from left) Archie Bankston, former CNR trustee, corporate secretary, Consolidated Edison, and Red Cross honoree; Ozzie Davis, CNR honorary degree recipient and emcee of the event; Rosa Barksdale SNR'75, CNR trustee and Red Cross honoree; and Dr. Stephen J. Sweeny, CNR president. Photo by Joe Vericker.*

It is not an insignificant or simple responsibility, governing a college like CNR. The long line of influential women and men who have served the College as trustees understand the complex financial, political, and social issues that face all institutions of higher learning. The College depends on these leaders who are prepared, even eager, to be advocates for CNR, fund-raisers as well as donors themselves.

As President Stephen J. Sweeny sums up, “I believe it is a very apt title, ‘Trustee.’ Each board member holds the College ‘in trust’ for our present and future students, for the present and future benefit of society. Our strength as College comes in no small part from the generous service, the wise counsel, the untold work of the Board of Trustees.”

— John Coyne



## THE COLLEGE OF NEW ROCHELLE BOARD OF TRUSTEES

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Board Chair

*Principal, The Ursuline School, New Rochelle, New York*

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*Chief Executive Officer, Barksdale Home Care Services Corp.*

Dolores A. Battalia SNR'75  
*Partner, Stein & Battalia*

Sr. Jeanne Brennan, O.S.U. '45  
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Sr. Margaret Mary Kelleher, O.S.U.  
*Associate Professor & Chair, Department of Religion,  
The Catholic University of America*

Marion Carbery Lechowicz '59  
*Mount Vernon, New York*

George Neumann  
*Basking Ridge, New Jersey*

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*President, Ball Chain Manufacturing Company*

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*College Attorney & Board Secretary  
Cusack & Stiles*



*Dr. Stephen J. Sweeny, CNR president, was on hand to congratulate Dolores Battalia SNR'75 as she was named a judge in the Town of Mamaroneck, NY. Photo by Judith Balfé SNR'89, GS'91.*

# Alumnae/i Association Board of Directors Candidates Announced

The following slate of officers, directors, and nominating committee members is presented for election. A serious effort is made to formulate a slate that truly represents our alumnae/i body. Special thanks to those who are retiring from service to the Board. They have contributed their creative ideas, thoughtful criticism, and generous spirits to strengthen our alumnae/i community. Your endorsement on the ballot enclosed in this issue of *Quarterly* acknowledges these alumnae/i as your representatives.

## OFFICERS

Officers serve a two-year term and are eligible for re-election to one additional term.

### *President*

**Regina Degnan-Steinborn SAS'76** (2nd term)  
Darien, CT  
Senior Vice President, AON Risk Services

### *Vice President*

**Lynn Gangone SAS'79**  
Silver Spring, MD  
Vice President, Maryland Independent College and University Association  
Alumnae/i Association Board of Directors  
Chair of Annual Giving Committee

### *Secretary*

**Mary Alice McGowan Byrnes '54** (2nd term)  
Brooklyn, NY  
Tax Preparation, H & R Block

### *Treasurer*

**Colleen Duffy SAS'81** (2nd term)  
Mount Vernon, NY  
City Court Judge  
City Court of Mount Vernon

## DIRECTORS

Annually, five Directors are elected for a term of three years.

**Catherine Collins Donohoe SN'84** (2nd term)  
Fresh Meadows, NY  
Adjunct Instructor, Queensboro Community College and CNR  
Certified Hemodialysis Nurse, Long Island Jewish Medical Center  
Mentor, School of Nursing  
Ursula Laurus '94

### **Nicole Casten SN'99**

Jackson Heights, NY  
RN, Winthrop University Hospital, Mineola, NY  
Student Advancement Volunteer

### **Mary Ellen Carty SAS'80, GS'91**

Mount Vernon, NY  
Program Psychologist, St. Vincent's Hospital, Harrison, NY  
GS Hall of Fame, 1996  
Ursula Laurus '00

### **Kelley Allen SAS'98**

Elizabeth, NJ  
Full-time Master's Program in Publishing, Pace University  
Freelance Editorial Director  
Student Volunteer  
Current Class President

### **Jacqueline Leece SNR'95**

Brooklyn, NY  
Paralegal, State Insurance Fund, New York, NY  
Brooklyn Campus Alumnae/i Volunteer

## NOMINATING COMMITTEE

Each year, three Nominating Committee members are elected for a term of two years.

### **Lela Keough Negri '56**

Rye, NY  
Retired, IBM Corporation  
Former Class Fund Agent and member of Annual Giving Committee

### **Curley Potter SNR'96**

Bronx, NY  
IBM Corporation  
Co-op City Campus Alumnae/i Volunteer

### **Janet Sarrantonio Blair SAS'74, GS'77**

New Rochelle, NY  
Teacher, Consultant, Barnard Early Childhood Center  
Former CNR Graduate School Adjunct Instructor  
Reunion Chairperson

## CONTINUING MEMBERS OF THE BOARD OF DIRECTORS

In addition to the new slate, continuing their terms with the Alumnae/i Association are:

### **Directors**

*Term expires June 30, 2002*

Jo Sheehan Barry '49  
Eileen Mylod Hayden '59  
Terry Dwyer O'Leary '63  
Lisa Cesare SAS'81  
Placidia Cassaro SNR'83

*Term expires June 30, 2003*

Renee Blackwell SAS'95  
Meg Gardinier SAS'81  
Angela Grille GS'79  
Judy Kenny SNR'82  
Sue Murphy SAS'73

### **Nominating Committee**

*Term expires June 30, 2002*

Ellen Brady Colasurdo '65  
Suzanne Dawson-Zinkand SAS'74  
Mary Plitsas Hesdorffer SN'95

Nominations are accepted throughout the year in the Alumnae/i Office. Self nominations are strongly encouraged.

## RETIRING MEMBERS OF THE BOARD OF DIRECTORS

Louise Orto Famighetti '52  
Lisa Tordo SAS'85  
Shirley Drye SN'94  
Edward Poccia GS'94  
Norma Dubey O'Shea '47  
Michael Kohlhausen SNR'86

**To endorse the nominated slate, please complete and return the tear-out ballot in the front of this issue of *Quarterly*.**



Marie Blossy Tisi '39 and  
Kay Cavanaugh Hamilton '39 ▶



Actress Frances Sternhagen (center) poses with  
the CNR group following her performance of  
The Exact Center of the Universe. ▼



## Enjoying theater and friends in Florida

While snow threatened in the Northeast, alumnae/i in Florida gathered for two events in March – a performance of The Exact Center of the Universe with actress Frances Sternhagen (above) and the annual Southeast Florida Club Luncheon at the Boca Raton Resort & Club.



Dorothy Husking Rebak '40, Gabrielle Smith '58, ▲  
and Anne Burns Horgan '40

Dr. Stephen J. Sweeny, CNR president, with the  
Shanley sisters: Betty Ann Shanley Grennon '54, Joan  
Shanley Verdile, and Kay Shanley Vavasour '44 ▼



▶  
Lynne Kerin,  
Jeanne Torpey  
Hassett '50, and  
Marian Kerin '36



◀ Brenna Mayer, CNR Vice President for College  
Advancement, Tina Raho, and Jeanne Romano  
D'Apice '45

*Helene Hollis Schaefer*  
SNR'85, LHD'99

*a remarkable woman, an unforgettable friend*

On the brink of her 100th birthday, as Helene Hollis Schaefer stood before the graduates of the Class of 1999 to receive her honorary doctoral degree from The College of New Rochelle, she was clearly the true embodiment of the College's commitment to lifelong learning. A widow who first fulfilled her dream of a college education at the age of 85, when she earned her bachelor's degree from the College's School of New Resources, Helene Schaefer's enduring passion and unabashed delight in learning continued unabated up until her death from cancer on April 2, at the age of 101.

During a lifetime that spanned three centuries, this extraordinary lady witnessed much and contributed far more to make a difference in the lives of others. Born in the Bronx in 1899, she marched alongside her suffragette aunt for women's right to vote in 1912. She was a loving wife to her husband Frederick, a devoted mother to her three children, and a beloved grandmother to her 15 grandchildren, 17 great-grandchildren, and one great-great-grandson. And she avidly gave of herself as a volunteer with the Youth Consultation League, the Visiting Nurses Association, the Girl Scouts, the Red Cross, and the United Way.

"She always kept her eyes on the horizon," said her granddaughter Holly Annibale in a tribute to her grandmother which appeared in *The Journal News*. "She took on new challenges every step of the way."

It was that willingness to take on new challenges that first brought Helene Schaefer to The College of New Rochelle in 1981. Widowed

after 55 years of marriage, she came to the College to sign up for just one course. But it became far more than that, as she continued on to earn her bachelor's degree from the College in 1985 and then went on to earn her master's degree from Manhattanville College four years later at the age of 89.

It was that willingness to take on new challenges that led her to face her cancer diagnosis last August squarely and with determination despite the doctor's dire prognosis of just five weeks to live – a prognosis she defied by surviving more than eight months.

It was also that willingness to take on new challenges, as well as her strength of character, and her wonderfully positive outlook no matter the cards she was dealt in life that made Helene Hollis Schaefer an ideal role model, an inspiration, and above all a remarkable woman, an unforgettable friend. May she rest in peace.

– Lenore Carpinelli



*Helene Schaefer is applauded after receiving her Honorary Degree from the College at Commencement 1999 as Dr. Stephen J. Sweeny, CNR president, looks on.*



**“I LIKE KEEPING BUSY,” SAYS TARA ALFANO SAS’02,** and there’s certainly no doubt about that. A communication arts major, who’s also pursuing a minor in psychology, Tara says that what drew her to The College of New Rochelle was its close-knit community and proximity to New York City. “From the moment I came to CNR for an Open House, I felt like I belonged.”

Extremely active on campus, when not working as a Student Assistant in the Alumnae/i Relations Office at CNR, Tara can be found in Brescia Hall, where she serves as a Resident Advisor, a role she sees as a great opportunity to sharpen her leadership skills and help her fellow students. Her desire to help others is also evident in her involvement with the Alcohol and Drug Committee, an on-campus group that works to raise awareness of the dangers of substance abuse.

With an eye to her future, Tara has completed two internships, one at WVOX radio in New Rochelle, where she edited sound bites for news broadcasts, and just this semester in the Office of College Relations, where she wrote press releases and learned about public relations, a field she hopes to pursue after she graduates from the School of Arts & Sciences next May. In the meantime, Tara hopes to further enhance her professional skills with another internship, and then it will be on to CNR’s Graduate School to earn her master’s degree in communication arts.

Definitely giving the College high marks for both the education she is receiving here and the nurturing atmosphere, when asked about her feelings for CNR, Tara smiles and says simply, “I love it.”



*Tara Alfano edits a video production project in the College’s Television Studio.*

**TARA ALFANO IS JUST ONE OF THE MANY TALENTED STUDENTS AT THE COLLEGE OF NEW ROCHELLE TODAY. YOUR GIFT TO THE ANNUAL FUND SUPPORTS STUDENTS LIKE TARA TO REALIZE THE FOUNDATION A COLLEGE OF NEW ROCHELLE EDUCATION PROVIDES, AS IT ONCE DID FOR YOU.**

**SO HELP OUR STUDENTS ACHIEVE THEIR DREAMS, GIVE TO THE ANNUAL FUND TODAY.**

**For further information or to make a donation with your credit card, please call 1-877-793-2004 or mail in the Annual Fund Form from the Class Notes Section of this issue.**



In celebration of Women's History Month,  
actress Vinie Burrows presented her  
one-woman show

## **"Sister Sister"**

to a standing-room only  
audience in March.



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